



Executive Committee Summary of Meeting Minutes April 11, 2018

| EXECUTIVE COMMITTEE MEMBERS | DEPARTMENT OF HUMAN SERVICES |
|-----------------------------------|------------------------------------|
| Gerd Clabaugh – present | Jerry Foxhoven - |
| David Hudson – present | Michael Randol - |
| Dennis Tibben – present | Julie Lovelady - present |
| Dan Royer – present | Deb Johnson - present |
| Shelly Chandler – | Liz Matney - present |
| Cindy Baddeloo – | Kevin Kirkpatrick - present |
| Casey Ficek – | Lindsay Paulson - |
| Lori Allen – present | Sean Bagniewski - |
| Richard Crouch – | Luisito Cabrera - present |
| Julie Fugenschuh – present | Alisha Timmerman - present |
| Jodi Tomlonovic – present | |

Introduction

Gerd called the roll call. Executive Committee attendance is as reflected above and quorum was met.

Approval of the Executive Committee Meeting Minutes of February 27, 2018

It was confirmed that the minutes of the January 4, 2018, and February 27, 2018, Executive Committee meetings were approved via electronic voting. The minutes of the March 20, 2018, Executive Committee meeting were approved.

Recommendations Discussion

Q2 SFY18 Recommendations Letter

Gerd presented the draft recommendations letter. A vote was taken, and the recommendations letter was approved. The letter was to be sent to Director Foxhoven and included in the May 3, 2018, MAAC Full Council materials packet. He informed the Committee that this is the last of the legislatively required quarterly recommendations letter but that the Committee will continue to discuss recommendations within the context of the work of the MAAC.

Future Agenda Item:

- Discuss statutory language of existing legislation regarding MAAC Executive Committee recommendations.

Integrated Health Homes and Health Homes Project

Deb Johnson discussed Integrated Health Homes (IHHs) and Chronic Condition Health Homes (CCHH). Deb stated that the department with its contractor, Telligen, is in the process of reviewing the effectiveness of the program and determining if services may be duplicative of other care coordination

efforts available through Accountable Care Organizations (ACOs). She stated that IHH and CCHH are paid a monthly capitation rate and there are six domains of services that IHH and CCHH programs are required to do that the department is reviewing: *Comprehensive Care Management, Care Coordination, Comprehensive Transitional Care, Health Promotion, Individual and Family Support, and Referral to Community and Social Services*. She stated that there are approximately 23,000 IHH members and 4,000 CCHH members; 98% of whom are enrolled in managed care. She stated the department is doing an audit of the entire health home program to identify where the six domains of services are being provided and is examining the payment model to determine their cost-effectiveness. The department will also be examining current processes concerning how to monitor and mentor the health home services and a draft report is to be ready by the end of June 2018. Deb stated that MCOs are required to have an adequate provider network to ensure that the six domains of services are available to members. Deb stated that there has been some indication of duplicative work between the MCOs and health home providers and that this is part of what is being clarified in the current discussions. Paige Pettit (UnitedHealthcare) explained that if a member is enrolled with an ACO and also receiving services through an IHH, there is a high risk for duplication of the services being provided; especially around care coordination. Paige stated that the objectives of the audit include identifying where members are getting duplication of services and determining which of the six services domains are being offered by health homes. It was stated that the audit is intended to be a continuous quality improvement cycle to ensure the highest quality service for the members in the Medicaid program.

Future Agenda Item:

- IHH and CCHH update to take place in the June 12, 2018, Executive Committee meeting

Managed Care Quarterly Report Presentation

Liz reviewed the SFY18 Q2 report. She indicated the content in the report reflected AmeriHealth's transition out of the program which impacted areas such as the UnitedHealthcare percentage of Level of Care reassessments data on page 18. She discussed Health Risk Assessments (HRAs), the percentage of HCBS members assigned to Community-Based Case Managers (CBCMs), the Iowa purchase experience survey, the CAHPS experience survey, grievance and appeals, member and provider helplines, the secret shopper process, payments and prior authorizations, claims denials, Home Health authorizations, continuity of care, Value-Added Services, average cost per member per month (PMPM), hospital admissions, and emergency department data.

Liz explained that there are a number of sources for secret shopper questions such as Requests for Information (RFIs) and the MAAC and the department would be open to suggestions from Medicaid providers.

Medicaid Director's Update

Amerigroup Transition:

Julie Lovelady stated that the transition is going well and there have not been significant concerns or complaints. Tentative MCO assignment has resumed and members are once again able to choose their MCO. She stated the department is monitoring the call centers to ensure that issues are addressed and CSRs trained appropriately.

Provider Re-enrollment

Julie stated that the provider re-enrollment process has been completed. She stated that high-risk providers now have to go through appropriate federal safeguard measures. Lapsed providers received outreach messaging for re-enrollment and to ensure that they were able to re-enroll if they wished to continue to be part of the provider network. She added that of the approximate 40,000 providers, only 547 were terminated.

Process Improvement Working Group:

Julie stated that there had been two working group meetings; the first meeting identified key issues while the second meeting focused on establishing five working groups to discuss the various issues. Liz stated that the five working groups were:

1. Claims and PAs
2. Training and Communications
3. Data Transparency
4. Clinical Outcomes
5. Credentialing

Julie stated that individuals in the working group chose which of the five groups to take part in and that the five groups will be separated for individual discussion in subsequent meetings.

Kevin stated that all the documents that result from the working group meetings are posted on the [Process Improvement Working Group web page](#)¹.

Open Discussion

Jodi suggested a future discussion on President Trump's Executive Order about work requirement for welfare or means-tested service recipients. She stated that she was not certain if this affects Medicaid members.

Future Agenda Item:

- Discussion at the May 15, 2018, MAAC Executive Committee about how the President's Executive Order regarding the requirement for recipients of federal aid programs to work may impact Medicaid recipients. .

Adjourn

4:33 P.M.

¹ https://dhs.iowa.gov/ime/about/advisory_groups/piwg